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45722 7590 03/15/2007

PLEVY & HOWARD & DARCY P.C.
 P.O. BOX 226
 Fort Washington, PA 19034



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Edna Schmittinger	(Depositor's name)
<i>Edna Schmittinger</i>	(Signature)
June 13, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/034,151

12/27/2001

Lorenzo Mendizabal

HARTFORD-9

1595

TITLE OF INVENTION: METHOD AND SYSTEM FOR AUCTIONING BANKRUPTCY ASSETS AND VALUING SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	06/15/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LANEAU, RONALD	3714	705-037000

06/15/2007 MGERREM2 00000099 10034151

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1400.00.00

300.00.00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Plevy, Howard & Darcy, PC

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Hartford Fire Insurance Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hartford, Connecticut

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Edward J. Howard

Date June 13, 2007

Typed or printed name

Registration No. 42,670

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